

Advencare Ltd

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Inspection report

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Tel: 02082073999

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28 April 2016
13 May 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 28 April and 13 May 2016 by one Inspector. This was the first inspection since the service registered with the Care Quality Commission in June 2014.

Advencare is a small domiciliary care service that provides care and support to a people in their own homes. At the time of our inspection two people were being supported by the service.

There was a manager in post who was also the provider and who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us that they felt safe and were well cared for by the staff from Advencare. Staff had received training in how to safeguard people from abuse and knew how to report any concerns they had, to senior staff. The recruitment procedure was not always consistent in completing pre-employment checks to ensure that potential staff were suitable to work in a care environment. There were sufficient numbers of staff available to meet people's agreed care and support needs.

Potential risks to people's health and well-being were not always identified, reviewed or managed effectively. People were supported to take their medicines by staff who had been trained in the safe administration of medicines.

People who used the service and their relatives were positive about the experience and abilities of staff who provided care and support. Staff received initial training relevant to their roles and had periodic meetings with the registered manager to discuss their work. However, updates to training were not always provided when they were due. People were asked for their consent and this was recorded on their care plan but was not always documented when it was reviewed.

The registered manager and staff had developed caring relationships with the people they supported and were able to demonstrate they knew them and their needs very well. People who used the service, and their family members where appropriate, were involved in the planning and reviews of the care and support provided.

People's confidential records were stored securely. However, we saw evidence that information had been shared with persons whose identity had not been checked.

Support was provided in a way that promoted people's dignity and respected their privacy. People received care that was flexible in meeting their needs and preferences. People were supported to maintain their health.

People knew how to complain should they need to but told us they had never had to complain. There were no complaints recorded. However people told us they felt that the registered manager and staff would listen to them and respond appropriately.

There were no arrangements in place to monitor risks or the quality of services provided and this was an area that the registered manager told us they were focusing on developing. Audits had not been completed and therefore where we identified areas where improvements were required, they had not been identified as part of the quality monitoring process.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Safe and effective recruitment practices were not always followed to ensure staff were suited to work in a care environment.

Potential risks to people's health were not always identified and managed safely and effectively.

People told us they felt safe being supported in their home.

Sufficient numbers of suitable staff were available to meet people's needs at all times.

People were supported to take their medicines safely by staff who had been trained.

Is the service effective?

Good 

The service was effective.

People's consent to the care and support was obtained. However, this was not always reviewed or recorded in their care plans.

Staff had periodic supervision meetings with their manager. However, actions were not always recorded or followed up.

Staff had received training however training updates were not always provided when due.

People were supported to maintain their health.

Is the service caring?

Good 

The service was caring.

People were supported in a kind and compassionate way by staff who were familiar with their needs.

People and their relatives were involved in the planning and reviews of their care where appropriate. □

Care was provided in a way that promoted people's dignity.

Overall People's confidential information was maintained and was held securely.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences.

People felt able to raise concerns if they arose and were confident they would be dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There were no systems in place to monitor the quality of the services provided or to manage risks effectively.

People and their relatives and staff were very positive about how the service operated.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 28 April and 13 May 2016 by one Inspector and was announced. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We found that the provider had moved location from Suite 6, 4 Imperial Place, Maxwell Road Borehamwood WD6 1 JN to Suite 408, 5 Elstree way Hertfordshire WD6 1SF and had submitted an application to change the registered location this had not been completed at the time of the inspection hence the previous address is still showing as the registered location address

During the inspection we spoke with two people who used the service, two relatives, three staff and the registered manager.

We looked at care and support plans relating to three people who used the service and two staff files. We reviewed information relating to how the service was managed and quality monitoring documents and audits. We also carried out observations in communal areas of the home to see how staff supported people who were not able to give us feedback.

Is the service safe?

Our findings

People told us they felt safe with the care and support they received from their support workers. However, we found that the registered manager and staff did not always follow the procedures which placed people at risk of harm. For example, risks were not always assessed, reviewed or updated. This meant that staff did not always have access to information to inform them how to manage and mitigate risks to people.

Risk assessments including people's environment, risk of falls, medicines, and moving and handling were not always carried out. The provider told us that in the case of two of the files we reviewed "that there were no risks". However, there were no assessments to support this and to demonstrate how this conclusion had been reached. This also meant that staff did not have access to information on how to manage or reduce risks to people. The manager told us that risk assessments were kept in a file in the person's home. They later provided us with the files from the home for review and we saw that one file did have a risk assessment but the second one did not. The process around risk assessment was inconsistent and required improvements.

Staff were able to demonstrate that they were aware of how to keep people safe from risks from potential abuse and knew how to recognise and report any potential concerns. Staff with gave us examples of different types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The manager told us that all staff had received training on safeguarding adults from abuse. Training records confirmed this however we saw that staff had not had their training updated in regards to safeguarding which the providers policy indicated was required to be completed annually. Staff told us they were aware of the organisation's whistleblowing policy and would use it if required.

The recruitment process was not always followed and this meant that pre-employment checks were not consistently completed in line with the recruitment policy which was in place. For example, we saw from records that pre-employment checks were inconsistent and gaps in employment history were not always explored and application forms contained basic information. References although sought were not validated to confirm their authenticity. This lack of consistency meant that the system was not robust and was inconsistent and could have placed people at harm if people who were unsuitable were offered employment.

People told us they were happy with the support they received with managing their medicines. The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. However the two people who were being supported at the time of the inspection were only being reminded and or prompted to take their medicines regularly and there were no medicine administration records (MAR) in use. Staff had received training in relation to the safe administration of medicines.

People told us the care workers mostly arrived at the expected time. One person told us they did not mind if the times of the visits varied as a flexible approach suited them and did not impact on their arrangements.

There were no rotas as there were only two people and two staff.

Is the service effective?

Our findings

People and their relatives told us they thought their care workers were competent and knew what they were doing. One person told us, "The carers are very good." A relative told us, "The carers are fine, we have had no concerns."

Staff were able to demonstrate their understanding of the need to gain consent when supporting people. However, this was not recorded in care plans and staff were unaware of the need to review consent and record this in their care plans. One care worker said, "I always explain how I am going to support the person, they can they agree or decline as they wish." Another said, "I also ask people what they would like me to do, as sometimes they like the routine to change." We discussed the need to review consent with the registered manager and they agreed that this would be implemented with immediate effect and consent in future would be reviewed as part of the overall review of care.

People were supported by staff who had completed an induction programme. Staff told us that they had completed an induction which included all mandatory training such as safeguarding, fire safety, food and hygiene, moving and handling and the safe administration of medicines. Staff also had an opportunity to shadow more experienced staff when they started work. The induction also included reading and familiarising themselves with policies and procedures. We saw from records however that training updates which were required to be updated annually were not always completed. Staff were unaware their training updates were 'overdue' which meant that they may not have been aware of any changes in practice or guidance.

Staff were not consistently supported in their roles. Staff told us they had attended one to one meetings with their manager to discuss work related matters. We reviewed records for three staff and found that where issues or concerns were identified, they were not discussed as part of the meeting and there were no actions or timeframes for these to be reviewed. In the case of another person an issue had not been followed up on, so we could not be assured it had been addressed. In the third file the person had not received a supervision yet as they were relatively new. However, there was no evidence that they had been signed off as being competent following their induction. We did not see any evidence of spot check visits being undertaken by senior staff or indeed direct observational supervision sessions. This lack of consistency around supporting staff meant that staff were not always fully or consistently supported in their roles.

People who were being supported at the time of our inspection were not being assisted with meal planning or the provision of food. However, staff were aware of the need to be observant around people's dietary needs and nutritional intake. We saw that where this was assessed as being a need for people, information around food and hydration was recorded in their support plans, this included making drinks and preparing breakfast or lunch.

People had access to health and social care professionals when required and we saw that staff worked well with professionals to ensure people's health needs were met. Staff told us they would notify the office if they noticed people's health needs change or if they had any concerns. Care records contained details of how to

contact relevant health and social care professionals and their involvement in people's care, for example, information from the GP or district nurses.

Is the service caring?

Our findings

People told us that their care workers were kind and understanding in the way in which support was provided to them. One person told us, "They are very good and definitely caring". Another person said, "They are friendly, and very caring". People told us they mostly had the same care workers but occasionally had someone different. One person said, "My regular carer is very good, although any we have had have been equally as nice." Another person told us, "They are all fine, we have no complaints and are grateful for their help."

People were provided with appropriate information about the service in the form of a service user guide. This guide outlined the standard of care people could expect and the services offered. In addition there were contact numbers for people in the event of a care worker not arriving at the planned time. People told us they were treated with dignity and respect. Staff also told us they were aware of how to promote people's dignity. For example, when providing personal care they ensured the person was covered to protect their dignity and also where there were other people living in the house they tried to ensure the person's privacy was maintained.

People told us they were consulted about their care and support and their individual needs were assessed. Care plans were developed and reviewed. Care plans contained a personal account of people's preferences about their care and detailed guidance for staff on how best to meet people's individual needs. For example, the preferred name they liked to be called by. Relatives, where appropriate, were asked to contribute to the process and involved in discussions.

People were supported to maintain their independence where possible, for example to wash their face or brush their teeth. People told us they liked to continue to complete tasks that they could still manage to do themselves. One person told us, "I just need the reassurance of the carer being close by, I can do most things myself". Another told us, "I do what I can when I can and if I need help the staff support me."

Staff told us they had access to people's care and support documents. They told us care plan records were updated regularly and were reflective of people's needs. One member of staff said, "We only have a couple of clients so we know their needs really well." However another staff member told us, "I always look at people's care plan to see if there have been any changes." Staff spoken with were kind and caring when talking with us about their roles. One member of staff told us, "They are like extended family, you get used to going in to help them and look forward to seeing them."

Independent advocacy services were available. However, staff told us at the time of the inspection no one had accessed this service.

Is the service responsive?

Our findings

People received care and support that met their individual needs. One person said, "They know what to do and get on with it." A relative said, "All the information is provided and we have a file in our home with a copy of everything."

The registered manager and staff told us people's assessed needs were kept under regular review and if any changes were noted or reported the service would be able to respond to their changing needs. One example of this was to refer a person to an occupational therapist for an assessment for equipment. Staff also gave other examples of how the service responded to changing needs, for example, around the times and days the service was provided. One person told us, "The staff are very flexible they will change the times or frequency of the visits if we need them to."

Assessments of people's needs were completed when people joined the service. The registered manager told us that prior to any person being accepted by the service a full assessment of their needs was undertaken by them to ensure the service could meet their needs.

People's individual support plans included information which addressed a range of needs such as personal hygiene, communication, and physical needs. The registered manager assured us that in future all risk assessments would be reviewed and a copy of the current assessment would be included in the person's file in their home and not just in the office. We saw that staff completed daily progress notes that detailed the care and support provided to people.

Support plans were person centred and identified people's preferences and choices. Staff knew people well and were able to demonstrate that they were aware of things that were important to them. For example, important personal relationships and those involved in their lives. Support plans and the two risk assessments we looked were reviewed on a yearly basis or more frequently if required, for example if there was a change to the person's ability or health.

There was a complaints policy in place and the procedure was included as part of the service users guide. One person told us, "I know how to make a complaint but have never had to complain." Another person told us, "I know the complaints policy is in my care file and know that the [registered] manager would address any problems if I told them." We noted that there were no complaints recorded so could not assess how they would be investigated or responded to.

Is the service well-led?

Our findings

There were no formal systems in place to monitor and improve the quality of the service. The registered manager had been in post since the service was registered. However, they were still developing their systems to monitor and improve the service. For example, the registered manager and provider did not have systems and processes in place such as audits or a process to assess, monitor and improve the quality of the services provided. We found that records were not maintained consistently and checks were not in place to make sure staff had the information they needed to provide appropriate care for people.

Risks were not always assessed and actions were not put in place to mitigate risks to people. We also saw that records were not always accurate and did not reflect current arrangements. For example, a care plan we reviewed had been signed by the person to consent to being assisted with medicines. However, the registered manager told us that this person was not assisted with medicines but had signed in advance in case they needed help in the future. This could be confusing for staff. We saw that policies and procedures were not always followed consistently, for example around recruitment checks.

People's views or feedback had not been sought formally or recorded and therefore the provider and registered manager could not be sure if they were satisfied with the service. Staff were not supported to attend team meetings as this was such a small service. However, they did say they had regular contact with the manager but were unable to give us any examples of any issues that had been raised and actioned as a result. They said they were unaware of any lessons learnt.

People were positive and complimentary about the care and support they received and the way in which the service was managed. People told us they thought the service was generally well run. Audits were not completed and this meant that people did not receive a consistent service.

Staff told us they were happy working in the service, and spoke positively about the leadership. Another member of staff told us, "I do think the service is well run, I like working here, I have no complaints." The registered manager confirmed that they had not developed or monitored the service as much as they had wanted and that they would prioritise this as a matter of urgency.